

IN THE CHANCERY COURT OF DYER COUNTY, TENNESSEE

JACKIE GARRETT,
KIMBERLY GARRETT,

Plaintiffs,

vs.

No. 08-CV-526

ALL STATE INSURANCE COMPANY,

Defendant.

COMPLAINT

AM _____ PM _____

JUN 02 2008
JOHN H. HOFF
CHANCERY CLERK [Signature] DC

COME NOW the Plaintiffs, Jackie Garrett and Kimberly Garrett, by and through their attorney, Jeff Ward, and would respectfully show unto this Honorable Court as follows:

1. The Plaintiffs reside at 169 Burgies Chapel Road Dyersburg, Tennessee 38024 with the same mailing address.
2. The Defendant, Allstate Insurance Company, is an Illinois Corporation with an address of 2775 Sanders Rd Ste F8 Northbrook, IL 60062 and shall receive service of process under the Tennessee Long Arm Statute under TCA § 20-2-214.
3. On or about March 19, 2006, Plaintiffs purchased an Allstate Homeowners insurance policy, number 930981089 03/19, effective for one year, including the time of the loss, through Defendant's agent White and Associates of Dyersburg, Tennessee (See Exhibit A).
4. On or about February 11, 2007, Plaintiffs' property caught fire and caused severe damage to the home and personal belongings of the Plaintiffs (See Exhibit B).

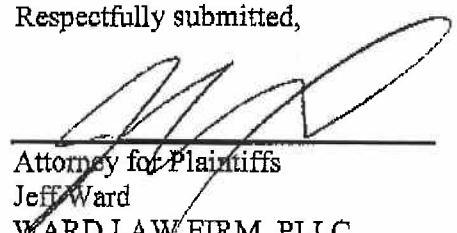
5. Defendant's agents and/or employees assisted the Plaintiffs in filing their claim of loss, including but not limited to completing paperwork and schedules of losses, with the Defendant.
6. Defendant investigated the loss including examinations under oath of both Plaintiffs who were without legal assistance or counsel.
7. On or about June 21, 2007, Plaintiffs received a letter from the Defendant dated June 19, 2007 that denied Plaintiffs' claim for loss due to the fire for alleged "material misrepresentations" and for failing "to cooperate with Allstate's investigation" (See Exhibit C).
8. Defendant refused to discuss or explain the alleged acts committed by the Plaintiffs to the Plaintiffs or their attorney that led to the denial of the Plaintiffs' claim.
9. Defendant is liable for Breach of Contract for failing to honor the terms of the insurance policy of the Defendant that was in effect at the time of the Plaintiffs' loss.
10. Defendant is liable for Breach of Good Faith for failing to honor the terms of the insurance policy of the Defendant that was in effect at the time of the Plaintiffs' loss.
11. Defendant is liable for damages to Plaintiffs for violation of and defined in the Tennessee Consumer Protection Act.
12. Defendant is liable for Fraud for having Defendant's agents and/or employees file the Plaintiffs' "claim" with the Defendant absent any independent actor and anyone acting on behalf of the Plaintiffs.

13. Defendant is liable for Fraud in the Inducement for causing the Plaintiffs to enter into an agreement based on facts of the situation that were untrue and created a false impression.
14. Defendant is liable for the Intentional Infliction of Emotional Distress for acting in such a way that would lead any reasonable person to experience extreme emotional distress. Plaintiffs have been emotionally and financially injured by the loss of the home and by the actions of the Defendant. The Plaintiffs' and their entire family has suffered and continues to suffer an extreme and undue hardship because of the actions of the Defendant and the loss of the home.
15. Defendant is liable for the losses and damages of the Plaintiffs both actual damages and incidental damages since Plaintiffs' damages were foreseeable, directly related to and reasonably incurred due to the actions of the Defendant.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs seek a Jury Trial in this cause and pray that:

1. The Court award Plaintiffs compensatory damages in the amount of two-hundred fifty thousand dollars (\$250,000.00).
2. That the Court award Plaintiffs punitive damages in the amount of seven-hundred fifty thousand dollars (\$750,000.00).
3. That the Court award any general relief to the Plaintiffs for which they are entitled.

Respectfully submitted,

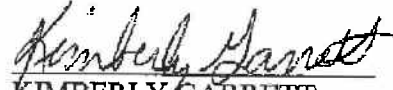


Attorney for Plaintiffs
Jeff Ward
WARD LAW FIRM, PLLC
99 Doctors Drive, Suite 300
P.O. Box 731
Munford, TN 38058
(901) 837-9355
(901) 837-9357 facsimile
BPR #025105

STATE OF TENNESSEE
COUNTY OF DYER

After first being duly sworn according to the law makes oath the undersigned has read the foregoing Complaint and the facts set forth therein are true and correct to the best of his/her information, knowledge and belief.

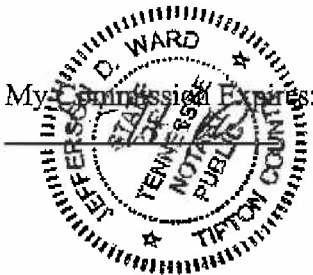

JACKIE GARRETT


KIMBERLY GARRETT

SWORN TO AND SUBSCRIBED before me this 2nd day of June,
2008.


Notary Public

My Commission Expires:



Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: White&Asso 1st Ctn (781) 285-0565
For Premium Period Beginning: Mar. 18, 2006

Important Notice

Allstate's Privacy Policy

At Allstate, we value you as a customer and share your concerns about privacy. To help you understand how we treat the nonpublic personal information ("customer information") that we obtain from you or other sources in the course of providing you with products and services, this notice describes our use and protection of that information.

Whether you're doing business with us through your local agent or broker, our Customer Information Center, or allstate.com, we want you to know that Allstate respects your privacy and protects your information.

- We do not sell customer information.
- We do not share your customer information with persons, companies, or organizations outside of Allstate that would use that information to contact you about their own products and services.
- We expect persons or organizations that provide services on our behalf to keep customer information confidential and to use it only to provide the services we've asked them to perform.
- Within Allstate, we communicate to our employees regarding the need to protect customer information, and we've established physical, electronic, and procedural safeguards to protect customer information.

Below we've provided answers to questions that might be on your mind regarding privacy. You may be wondering...

What do we do with your customer information?

Allstate does not sell your customer information, or medical information, to anyone. Nor do we share it with companies or organizations outside of Allstate that would use that information to contact you about their own products and services. If that practice were ever to change, we would, of course, offer you the ability to opt out of this type of information sharing, and we would offer you the opt-out with time for you to respond before the change in our practice took place.

Your agent or broker may use customer information to help you with your overall insurance program. We may also communicate with you about products, features, and options you have expressed an interest in or that we believe may be of interest to you. We may, without authorization but only as permitted or required by law, provide customer information to persons or organizations both inside and outside of Allstate to fulfill a transaction you have requested, service your policy, market our products to you, investigate or handle claims, detect or prevent fraud, participate in insurance support organizations, or comply with lawful requests from regulatory and law enforcement authorities. These persons or organizations may include: our affiliated companies, companies that perform marketing services on our behalf, other financial institutions with which we have a joint marketing agreement for the sale of our own products, and your agent or broker.

What kind of customer information do we have, and where did we get it?

Much of the customer information that we have about you comes directly from you. When submitting your application or request for insurance or other products and services we offer, or requesting an insurance quote, you may give us information such as your name, address, and Social Security number. We keep information about your transactions with our affiliates, others or us—for example, the types of products and services you purchase from us, premiums, account balances, and payment history.

We also may collect information from outside sources, including consumer reporting agencies and health care providers. This information may include loss information reports, motor vehicle reports, credit reports, and medical information.

Page 1

PROP 7510004106013153009300805



Eth. A

Allstate Indemnity Company

Policy Number: 9 30 981089 03/19 Your Agent: White&Asso 1st Ctrn (731) 285-0566
For Premium Period Beginning: Mar. 19, 2006

How do we protect your customer information?

When we share customer information with companies working on Allstate's behalf, we expect those companies to use that information only to provide the service we have asked them to perform. Within Allstate, customer information is available to those individuals who may need to use it to fulfill and service the needs of Allstate customers. We communicate the need to protect customer information to all employees and agents, especially those individuals who have access to it. Plus, we've established physical, electronic, and procedural safeguards to protect customer information.

Finally, should your relationship with Allstate end, your customer information will remain protected in accordance with our privacy practices as outlined in this Important Notice.

How can you find out what information we have about you?

You may request to either see, or obtain from us by mail, the customer information about you in our records. If you believe that information is incomplete or inaccurate, you may request that we make any necessary corrections, additions or deletions to the disputed customer information. To fulfill your request, we may make arrangements with an insurance support organization or a consumer reporting agency to copy and disclose customer information to you on our behalf. You may also request a more complete description of the entities to which we disclose customer information, or the circumstances that might warrant such disclosures. Please send any of the requests listed above in writing to: Allstate Insurance Company, Customer Privacy Inquiries, P.O. Box 11904, Roanoke, VA 24022.

If you are an Internet user...

Our website, allstate.com, provides information about Allstate, our products, and the agencies and brokers that represent us. You may also perform certain transactions on the website. When accessing allstate.com, please be sure to read the Privacy Statement that appears there.

To learn more, the allstate.com Privacy Statement provides important information relating to your use of the website, including, for example, information regarding: 1) our use of online collecting devices known as "cookies"; 2) our collection of information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site; 3) who should use our web site; 4) the security of information over the Internet and 5) links and co-branded sites.

We hope you have found this Important Notice helpful. If you have any questions or would like more information, please don't hesitate to contact your Allstate agent or call the Allstate Customer Information Center at 1-800-Allstate.

X56702-1v2

This notice is being provided on behalf of the following companies:

Allstate County Mutual Insurance Company
Allstate Indemnity Company
Allstate Investment Management Company
Allstate New Jersey Insurance Company
Allstate Texas Lloyd's
Forestview Mortgage Insurance Company
Roadway Protection Auto Club, Inc.

Allstate Fire and Casualty Insurance Company
Allstate Insurance Company
Allstate Motor Club, Inc.
Allstate Property and Casualty Insurance Company
Allstate Texas Lloyd's, Inc.
General Underwriters Agency, Inc.

(ed. 04/2005)

Allstate Indemnity Company

Policy Number: 030 981089 03/19 Your Agent: White&Asso 1st Czn (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Your Policy Documents

Your Homeowners policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Deluxe Homeowners Policy form AP780
- Tennessee Amendatory Endorsement form AP398-3
- Bldg. Struct. Reimb. Ext. Limits End. form AP357
- Deluxe and Deluxe Plus Amend. End. form AP1638

Important Payment and Coverage Information

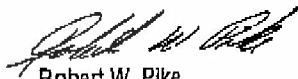
Coverage A - Dwelling Protection includes an approximate increase of \$5,000 due to the property insurance adjustment provision using the Boeckh Publications building cost index. Coverage C - Personal Property Protection adjusted accordingly.

Please note: This is not a request for payment. Your bill will be mailed separately.

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.



Edward J. Dixon
President



Robert W. Pike
Secretary

PROP "510004106013153009300904"



Information as of
January 31, 2006

Page 3
TMO70880

Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: While & Asso 1st Ctrn (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Important Notice

Information about Flood Insurance

Protection against flood damage

Most homeowners, renters and commercial insurance policies do not provide coverage for damage caused by floods. In fact, protection against floods is generally available only through a separate policy.

That's why Allstate is a participant in the National Flood Insurance Program and offers standard flood insurance policies*. A flood policy can help complete the insurance protection for your property and help protect your financial well-being.

You may need it more than you think

Approximately 90% of all disasters in the U.S. are flood related. While you may think that it couldn't happen to you, over 25% of all flood losses occur in low to moderate risk areas.

And because flood damage is often accompanied by other damage, such as wind and hail (which is typically covered under a property policy), selecting Allstate gives you the convenience and peace of mind that comes with working with just one claim adjuster and one agent, instead of two or more.

It's affordable

The federal government sets the rates for flood insurance, so there's typically no difference in rates from policy to policy -- you can generally switch to a flood insurance policy administered by Allstate for the same amount of premium. If you choose Allstate, you can have the service, convenience and comfort you've come to expect from us.

For more information about flood insurance, or if you have any questions about your policy in general, please contact your Allstate representative or visit us at allstate.com.

* Allstate provides the standard flood insurance policy under the terms of the National Flood Insurance Act of 1968 and its amendments, and Title 44 of the Code of Federal Regulations. The standard flood insurance policy is written by Allstate for the National Flood Insurance Program which is administered by the Federal Insurance Administration, part of the Federal Emergency Management Agency.

Subject to availability and qualifications. Other terms, conditions and exclusions may apply.



Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: White & Asso 1st Ctrn (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Information about Scheduled Personal Property Coverage

Protection for your valuables

Allstate offers Scheduled Personal Property (SPP) coverage to help protect your valuables.

These items can include jewelry (such as engagement and wedding rings), fine art and musical instruments. Sports equipment, such as golf clubs, can also be covered by SPP.

In addition, SPP can cover valuables stored outside of your home in a safe deposit box or bank. And if you work from home and use computer or audio-visual equipment for business purposes, SPP can cover these items as well.

Already have SPP?

Even if you currently have SPP coverage, it's a good idea to review your coverage annually. It's possible that the value of your property has changed or that you have purchased new items that have not been added to your coverage.

Affordable coverage

The cost of SPP coverage varies, but the value of your property is the best way to determine how much coverage you need—the rates are generally a small percentage of the total value of the items you're insuring. This could mean that your valuables are being protected for only a fraction of the cost.

To learn more about SPP coverage, or if you have any questions about your insurance policy in general, contact your Allstate representative, or visit us at allstate.com.

Subject to availability and qualifications. Other terms, conditions and exclusions may apply.

X67372

Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: White&Asso 1st Cizm (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Important Notice

Important Information About Your Allstate Policy

The enclosed Policy Declarations includes important information, such as your address, the coverages and coverage limits you've chosen, the names of insured persons — as well as other details pertinent to your policy. These details may include, for example, for motor vehicle policies, the drivers and vehicles you've insured, as well as the vehicle identification numbers (VIN) assigned to your insured vehicles; and, for property policies, the location of the insured property and mortgagee information, if applicable. Your Policy Declarations also lists any discounts or surcharges applied to your policy.

Because much of the information found on your Policy Declarations is used to help us determine your premium, please be sure to review your Policy Declarations carefully each time you receive one. You may want to add coverage, delete coverage or change your coverage limits — or you may want to change other information relating to your policy, whether it be a motor vehicle, your home or other insured property. You may also want to contact your Allstate representative for information concerning discounts that may be available for your policy.

Making changes to your policy

If you need to make a change to any of the information listed on your Policy Declarations, please notify your Allstate representative of the change as soon as possible. With a few exceptions, **any changes will be effective as of the date you notify us.**

If you have any questions about this notice, or if you need to update any of the information listed on the enclosed Policy Declarations, please contact your Allstate agent or our Customer Information Center at 1-800-ALLSTATE (1-800-255-7828).

X67096

PROP *510004106013153009300907*



Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: While & Assoc 1st Ctrn (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Important Notice

Your coverage limits have been increased

We are writing to let you know that with this renewal, your Dwelling Protection (Coverage A) limits have been increased and, as a result, your premium has been increased accordingly.

Your policy includes a feature called "Property Insurance Adjustment" (PIA). PIA reflects changes in construction costs in your area, including material and labor costs, that may have occurred during the policy period. This information is useful in estimating the amount of insurance coverage needed to cover the cost of rebuilding your home in the event of a covered total loss.

We would like you to know that your policy's PIA recently indicated that construction costs in your market have increased. Based on this information, we have automatically increased your Dwelling Protection limits to reflect the estimated replacement cost of your home.

While we have increased your limits, we would like you to consider whether the changes we have made are sufficient. It is important for you to understand that while these estimates are based on what we believe are sound assumptions, these are only estimates, and these new limits may not provide sufficient coverage in the event of a loss. For example, if you have done any remodeling to your home which has not been updated in our records, your home's value may be higher than our current records indicate. In that case, you may want to increase your limits even more. Conversely, there is a possibility that your new limits may provide coverage in excess of the actual replacement cost of your home. For example, if you originally insured your home based on your mortgage amount and the amount of your mortgage exceeded the estimated replacement cost, you may want to call your Allstate representative to discuss the current value of your home and the possibility of lowering your limits.

If you have any questions about this change, or if you would like to update your information or discuss any possible changes, please call your Allstate representative. Together, we can help you determine the coverage limits that are right for you.

X67239

Allstate Indemnity Company

Policy Number: 930 881009 03/19 Your Agent: White&Asso 1st Czn (731) 285-0565
For Premium Period Beginning: Mar. 19, 2006

Important Notice

Coverage is available with affiliates of Allstate Indemnity Company

Homeowners Insurance is available from a number of affiliates of Allstate Indemnity Company (AI), each with its own qualification criteria, rating factors, prices, and policy features. AI provides your current policy, but coverage is also available from other carriers in the Allstate family, including Allstate Property and Casualty Insurance Company (AP&C). For more information about AP&C, or to obtain a quote, please contact an Allstate representative.

When considering which company best meets your needs, it's important to carefully weigh your circumstances, options, and any potential effects on your coverage needs and your insurance premium.

Policy forms, options and prices may differ

The policy terms and coverage options available through your current AI homeowners policy are different than those available through AP&C. So it's a good idea to review copies of both policies before making a decision (your Allstate representative can provide you with copies of each policy).

Also, while it's possible AP&C will provide you coverage at a lower premium, there is a chance that switching to AP&C will increase your premium. Another possibility is a lower premium initially but higher insurance costs over time, since the rates of companies affiliated with AI, and the information used to determine your premium, can differ and are subject to change each policy period.

Specifically, any price difference between AP&C and AI can change significantly in future policy periods. Even if one company's rates are lower than the other's today, it is possible they may, in some cases, become higher than the other company's in the future. Also, if you terminate your policy with AI, you cannot currently go back, since right now that company is not accepting new customers.

Switching to AP&C would also mean the loss of certain benefits that you now qualify for, or that you might qualify for at a later time.

New estimating tool available

A new tool for estimating home replacement cost called Residential Component Technology™ (RCT) is now available from AP&C and AI. This tool is designed to help insurers estimate the minimum amount for which the company will insure a home. If you request a quote from AP&C, RCT will be used. If you continue insuring your home with AI, you can still request that RCT be used to estimate the replacement cost of your home. An RCT estimate requires you to provide information about the interior and exterior characteristics of your home. And remember that your insurance limits must be at least as high as the minimum amount determined by your insurer (although they can be higher), regardless of the estimating tool used—it is up to you to consider whether your policy's coverage limits are appropriate for your needs.

If you'd like to know more about the information in this notice or about our other insurance products, just contact your local Allstate agent.

X68153

PROP *510004106013153008300608*



Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: White&Asso 1st Clzn (731) 285-0565
For Premium Period Beginning: Mar. 10, 2006

Important Notice

Identity Theft Expenses Coverage --- what you should know

New coverage for identity theft

While modern technology has made our lives easier, it's also made it easier for thieves to commit what's become the fastest growing crime in America* — identity theft.

Thieves begin by gaining access to personal information such as your Social Security number, date of birth and driver's license number. They then use this information to set up fake accounts, open loans, rent housing, secure employment or even obtain medical care — all without you even knowing.

As this crime grows increasingly common, consumers need options for dealing with the costs and hassles related to identity theft — that's why we're offering Identity Theft Expenses Coverage.

For just \$ 30 per year you can get help to restore your good name.

Now Allstate has a product that can help you restore your credit and your good name if your identity is stolen. For about 10 cents per day, you can add this optional coverage to your property policy — that's a small price to pay for peace of mind. Especially when you consider that while other insurance companies typically require a deductible (sometimes as high as \$500) for similar protection, with Allstate there is no deductible.

Allstate takes identity theft expense coverage a step further.

If you purchase this coverage we'll reimburse you for covered expenses you incur to restore your identity up to a \$25,000 coverage limit. That's more than most companies offer for this type of coverage. This coverage includes reimbursement for:

- **Attorney fees** — in case you need to hire an attorney to defend you if lawsuits are brought against you by merchants or collection agencies, if you need help to remove criminal or civil judgements wrongly entered against you, or to challenge information contained in your credit report.
- **Lost wage recovery** (up to \$250/day with a \$5,000 cap) — this will help cover wages or salary you may lose if you need to take time off work to complete affidavits or meet with law enforcement agencies, financial institutions, credit grantors, credit reporting agencies or attorneys.
- **Loan reapplication fees** — this covers your expenses if you need to reapply for loans denied you solely because the lender received incorrect information due to identity theft.
- **Other expenses** — covers other expenses involved in restoring your identity, such as mailing costs, notary expenses and long distance phone calls.

Allstate Indemnity Company

Policy Number: 930 981089 03/19 Your Agent: White&Asso 1st Czn (781) 285-0585
For Premium Period Beginning: Mar. 19, 2006

You can get help if you become a victim.

If you ever become a victim of identity theft, would you know what to do to restore your name? There are many issues that need to be addressed, such as:

- Understanding your rights as an identity theft victim.
- Filling out paperwork, including police reports.
- Issuing a Fraud Alert to the three major credit bureaus, as well as Social Security Administration, Federal Trade Commission, and U.S. Postal Service.
- Obtaining copies of your credit bureau reports.
- Working with the three major credit bureaus to restore the accuracy of your credit history.
- Reviewing your credit history to verify if fraud includes items such as public records, (liens, judgements, bankruptcies); credit accounts; or errors with addresses/prior employment.
- Issuing a Fraud Alert to affected financial institutions and credit card companies.
- Tracing Social Security numbers, notifying and working with the Department of Motor Vehicles, collection agencies for creditors, and law enforcement personnel.

This may seem overwhelming, but if you have Allstate Identity Theft Expenses coverage, we can help. If you decide to hire a firm to help you address identity theft issues such as these, you will have up to \$2,000 available to pay for their services. In addition, we may refer you to a firm that specializes in addressing the effects of identity theft.** In either case, if you have this coverage you'll have peace of mind knowing you can get help to restore your identity.

Are you in Good Hands®?

With Allstate you'll have 70 years of business experience behind you. That means if you buy Allstate Insurance, you're getting more than a good product and great service. You get a team of people who know insurance. A company that knows how to help service your insurance needs. And the freedom to manage your policies your way by calling your Allstate agent, dialing 1-800-Allstate®, or clicking onto allstate.com.

You should never be alone. That's our stand.

**Referrals, if any, are solely at the discretion of Allstate. Identity Theft Expenses Coverage is subject to policy terms. Please read the policy endorsements carefully.

* Federal Trade Commission Identity Theft Survey Report, September 2003

X67584

Page 2

PRDP *510004106013153006300909*



Allstate Indemnity Company

Policy Number: 9 30 981089 03/19 Your Agent: White & Assoc 1st Ctrn (731) 285-0585
For Premium Period Beginning: Mar. 19, 2006

POLICY COVERAGES AND LIMITS OF LIABILITY

COVERAGE AND APPLICABLE DEDUCTIBLES (See Policy for Applicable Terms, Conditions and Exclusions)	LIMITS OF LIABILITY	
Dwelling Protection - with Building Structure Reimbursement Extended Limits • \$500 All Peril Deductible Applies	\$95,000	
Other Structures Protection • \$500 All Peril Deductible Applies	\$9,500	
Personal Property Protection - Reimbursement Provision • \$500 All Peril Deductible Applies	\$66,500	
Additional Living Expense	Up To 12 Months	
Family Liability Protection	\$100,000	each occurrence
Guest Medical Protection	\$1,000	each person

DISCOUNTS Your premium reflects the following discounts on applicable coverage(s):

Protective Device	5 %	Home and Auto	20 %
Age of Home	9 %		

RATING INFORMATION

The dwelling is of Brick Veneer construction and is occupied by 1 family

Allstate Indemnity Company**RENEWAL****Deluxe Homeowners
Policy Declarations****Summary**

NAMED INSURED(S) Kimberly L Garrett Or Jackie L Garrett 169 Burgles Chapel Dyersburg TN 38024-7501	YOUR ALLSTATE AGENT IS: WhitE&Asso 1st Ctrn 220 N Main Street Dyersburg TN 38024	CONTACT YOUR AGENT AT: (731) 285 0565
POLICY NUMBER 9 30 981089 03/19	POLICY PERIOD Begins on Mar. 19, 2006 at 12:01 A.M. standard time, with no fixed date of expiration	PREMIUM PERIOD Mar. 19, 2006 to Mar. 19, 2007 at 12:01 A.M. standard time
LOCATION OF PROPERTY INSURED 169 Burgles Chapel, Dyersburg, TN 38024-7501		
MORTGAGEE • EVERHOME MORTGAGE COMPANY ITS SUCCESSORS &/OR ASSIGNS P O Box 2139 Jacksonville FL 32232-0002 Loan # 0000924886		
ADDITIONAL INTERESTED PARTY • Hugh Rundles 1212 W Main St New Iberia LA 70560-3402		

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured	\$821.00
TOTAL	\$821.00

PROP *510004106013153009300903*

Information as of
January 31, 2006Page 1
TN070880

Your next steps.

Here's what will happen and what you'll need to do before the beginning of your next policy period.

- Please carefully check your Policy Declarations to make sure it accurately reflects your information and the choices you've made. Get in touch with your agent right away if there's anything you'd like to change.
- Unless a mortgage company or lienholder pays your insurance premium for you, keep an eye out for your bill, which will include information on payment options.
- If you're paying your premium using the Allstate Easy Pay Plan, you will not receive a bill. Instead, we'll send you a statement detailing your withdrawal schedule for the policy period.
- Carefully read all enclosed materials and store these documents with your other important papers. Keep in mind that the policy documents included may change each time you receive a renewal offer — please read them to make sure you know about any important information or changes related to your insurance.

We're here to help you.

Feel free to call us at (731) 285-0565. Or take advantage of the online services at *allstate.com*, where you can view your policy information and even make a payment by registering at the Allstate Customer Care Center. And for 24-hour-a-day, 7-day-a-week service and information, just call 1-800-ALLSTATE® (1-800-255-7828).

Remember, insurance is not only protection for today. It helps pave the way to a financially secure future.

We're glad you're with us.



Edward J. Dixon
President, Allstate Indemnity Company

A FDID * <u>21312</u> State * <u>TN</u> Incident Date * MM <u>02</u> DD <u>11</u> YYYY <u>2007</u> Station <u>1</u> Incident Number * <u>07-0000049</u> Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section A "Alternative Location Specification". Use only for Wildland fires.			
B Location* <input checked="" type="checkbox"/> Street address <u>169</u> <u>BURGIES CHAPEL RD</u> Street Type <u>TN</u> Suffix <u>38024</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway State Zip Code <input type="checkbox"/> In front of <u>DYERBURG</u> <input type="checkbox"/> Rear of Apt./Suite/Room City <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Cross street or directions, as applicable			
C Incident Type * <u>111</u> Building fire Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm * <u>02</u> <u>11</u> <u>2007</u> <u>15:16:00</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>02</u> <u>11</u> <u>2007</u> <u>15:22:00</u> CONTROLLED Optional, Except for wildland fires <input checked="" type="checkbox"/> Controlled <u>02</u> <u>11</u> <u>2007</u> <u>15:45:00</u> LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <u>02</u> <u>11</u> <u>2007</u> <u>16:41:00</u> <input checked="" type="checkbox"/> Cleared	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given 6 <input type="checkbox"/> None Their FDID Their State Their Incident Number		E2 Shift & Alarms Local Option <input type="checkbox"/> <u>01</u> <u>CS</u> Shift or Alarms District Platoon E3 Special Studies Local Option Special Study ID# Special Study Value	
F Actions Taken * <u>11</u> Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0003</u> <u>0008</u> Personnel <u>0002</u> <u>0002</u> <input type="checkbox"/> Check box if resource counts include aid received resources.	
		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>050</u> <u>000</u> Contents \$ <u>025</u> <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ <u>050</u> <u>000</u> Contents \$ <u>025</u> <u>000</u>	
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U Unknown	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		H3 Hazardous Materials Release N <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <5 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office appt., cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint can totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or appt. > 55gal. Please complete the HazMat form	
		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input checked="" type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	
		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 862 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u> NFIRS-1 Revision 03/11/99	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

☐ Same as person involved?

Then check this box and skip The rest of this section.

Business name (if applicable)

731

334

3399

Area Code

Phone Number

Local Option

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State Zip Code

L Remarks

Local Option

Received call to structure fire outside of city. On our arrival structure was well involved., with fire and heavy smoke showing out of both ends of structure. Pre-connect hand lines were pulled for attack lines. Finley Fire Dept. arrived on the scene and set up there dump tank for Eng 1 to draft from. The structure has heavy fire and smoke damage thru-out entire structure. Carpenters were working inside bath room laying tile when the carpenters noticed the fire and woke the occupant up and got her out of house and called 911. Dyersburg had ten (10) personnel to respond to this fire. Finley Fire Dept had approx. ten (10) personnel on the scene.

Authorization

130

Officer in charge ID

STANLEY, BARRY N

Signature

LT

Position or rank

E-1

Assignment

02

Month

11

Day

2007

Year

Rank of Officer

Officer

Member making report ID

Officer in charge.

☒ 130

STANLEY, BARRY N

Signature

LT

Position or rank

E-1

Assignment

02

Month

11

Day

2007

Year

00-17

A FDID <u>23312</u> * State <u>TN</u> * Incident Date <u>02</u> <u>11</u> <u>2007</u> * Station <u>1</u> Incident Number <u>07-0000049</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -2 Fire	
B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials or Products <input checked="" type="checkbox"/> None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved Enter up to three codes. Check one or more boxes for each code entered. On-site Material (1) <u>NNN</u> <u>None</u> On-site Material (2) <u> </u> <u> </u> On-site Material (3) <u> </u> <u> </u> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
D Ignition D1 <u>UU</u> <u>Undetermined</u> Area of fire origin * D2 <u>UU</u> <u>Undetermined</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u>UU</u> <u>Undetermined</u> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2) <u> </u> <u> </u>	
E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved. 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, skip to Section G <u> </u> <u> </u> Equipment Involved and <u> </u> del <u> </u> rial # <u> </u> ar <u> </u>	
F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u>700</u> <u>Natural</u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3) <u> </u> <u> </u>	
H1 Mobile Property Involved <input type="checkbox"/> None <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input type="checkbox"/> Involved in ignition and burned Mobile property model <u> </u> Year <u> </u> License Plate Number <u> </u> State <u> </u> VIN Number <u> </u>		H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make	
Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached		NFIRS-2 Revision 01/19/99	

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">950</div> <small>Total square feet</small> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">065</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">030</div> <small>Length in feet Width in feet</small>
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present		M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of sprinkler heads operating</small>	



555 Marriott Drive
Suite 850
Nashville, TN 37214
615-874-6924
Fax No. 615-874-6804

June 19, 2007

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Mr. Jackie Garrett
Mrs. Kimberly Garrett
169 Burgies Chapel Road
Dyersburg, TN 38024

Re: Insured: Jackie and Kimberly Garrett
Claim No.: 0100832765
DOL: 2/11/2007

Dear Mr. and Mrs. Garrett:

This is to advise you that Allstate must respectfully deny your claim for insurance proceeds submitted by way of a loss, which allegedly resulted from a fire on or about February 11, 2007. It is Allstate's position that you committed material misrepresentations during your examination under oath and failed to cooperate with Allstate's investigation. Therefore, Allstate hereby denies your claim.

Your policy specifically provides:

Concealment Or Fraud

We do not cover any loss or occurrence in which any insured person has concealed or misrepresented any material fact or circumstance.

Due to your material misrepresentations made during the investigation of your claim, Allstate hereby exercises its right to cancel your policy. Your policy provides:

Cancellation

Our Right to Cancel:

Allstate may cancel this policy by mailing notice to you at the mailing address shown on the Policy Declarations...

Exh. C

When the policy has been in effect for 60 days or more, or if it is a renewal with us, we may cancel this policy for one or more of the following reasons:

...

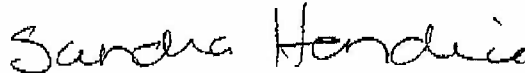
- 3) material misrepresentation, fraud or concealment of material facts in presenting a claim, or violation of any of the policy terms; ...

If the cancellation is for non-payment of premium, we will give you at least 10 days notice. If the cancellation is for any of the other reasons, we will give you at least 30 days notice.

Please accept this letter as your notice of cancellation. Your policy will cancel on July 24th 2007 at 12:01 a.m.

Thank you for your attention to this matter.

Sincerely,



Sandra Hendrick
Staff Claim Service Adjuster